Healthland
Centriq™
and Healthland Classic™

Meaningful Use Manager Stage 2

Version 3.0
User Guide

Meaningful Use
Manager Stage 2

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1. MEANINGFUL USE MANAGER (MUM) AND ITS COMPONENTS

1.1 Meaningful Use Manager (MUM) Version 3.0

- The purpose of this documentation is to provide the information needed to navigate through and manage the Meaningful Use Manager (MUM) application and its components. This documentation assumes the user is already able to reach the MUM application via Microsoft Internet Explorer (IE8, 9, and 10 are supported by Healthland). It is also assumed that the user knows how to perform basic functions in any Internet browser.
- After the user logs on, the MUM application opens up to the Meaningful Use Dashboard. This dashboard is a certified calculator for the numerator/denominator objective measures. This version of the MUM (Version 3.0) calculates Stage 2 Meaningful Use.

## 1.2 Meaningful Use Manager System Requirements

To access the Meaningful Use Manager via the Healthland EHR system, you must have:

- Healthland Centriq version 10.4 or later
- Healthland Classic version 9.7 or later

## 1.3 Navigating Through the Meaningful Use Manager

1.3.1 Logging In through Healthland Centriq

To access the Meaningful Use Dashboards while in Centriq Hospital or Clinic, on the landing page in the Reports section near the bottom of the screen , click the Reports icon.
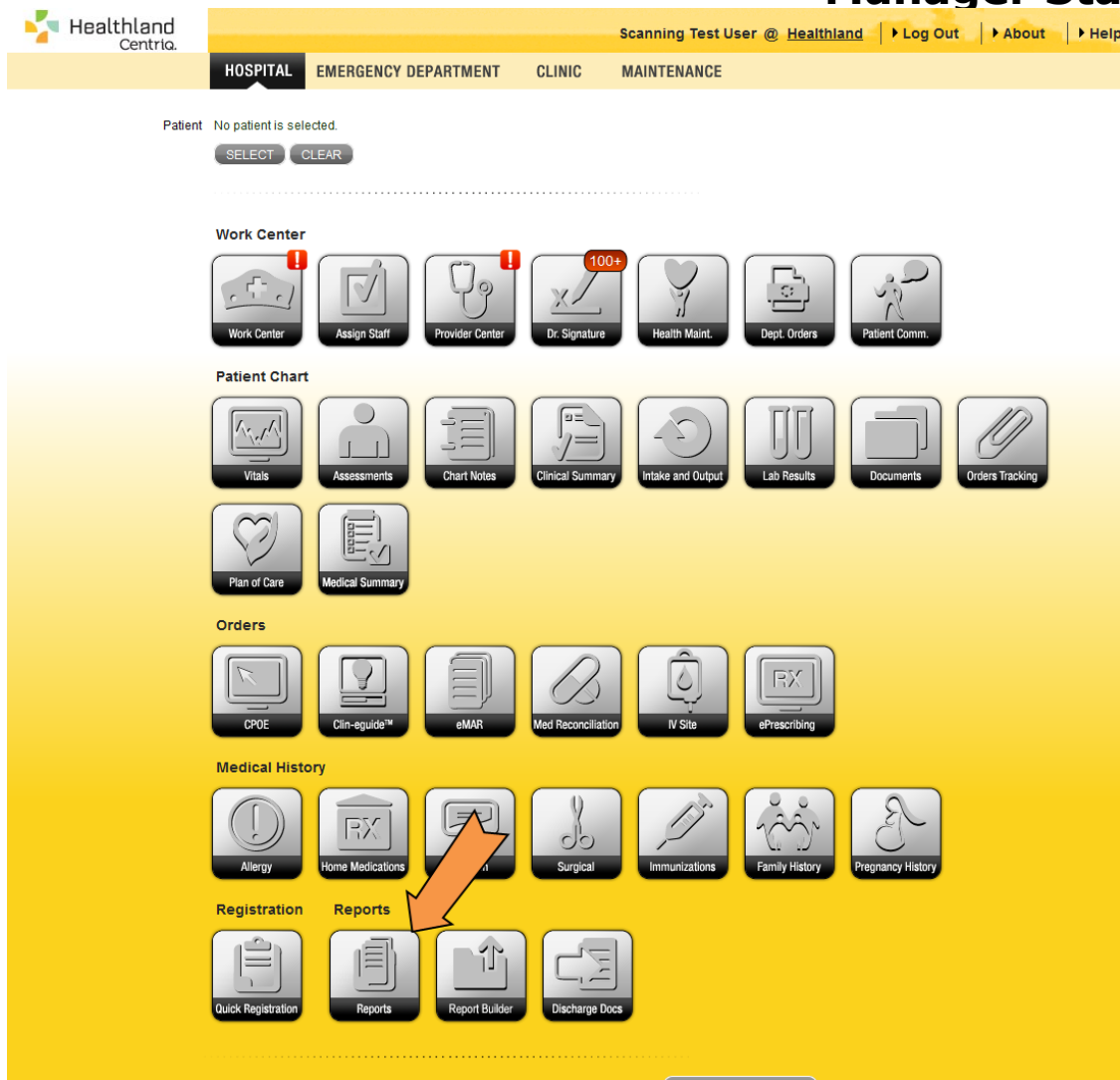
Then click the Launch Meaningful Use Dashboard button beneath the Reports tabs on the far right side of the screen. The Meaningful Use Dashboard set as your default will display.
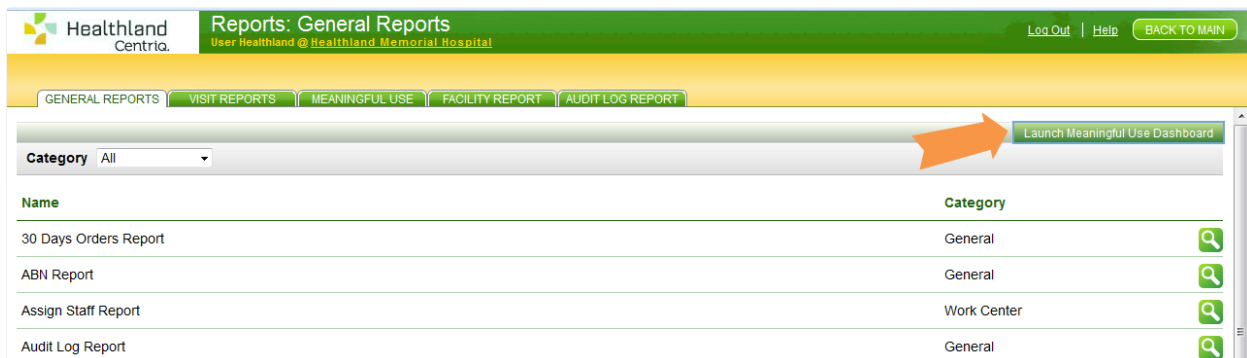
1.3.2 Administrator Login from Your Desktop

If you are a Meaningful Use Manager administrator, you may access the Meaningful Use Manager using an icon/shortcut from your desktop.

If you access the Dashboards this way, your Meaningful Use Manager login screen will open, and you will enter your User Name and Password, and then hit the log-in button. User names and passwords are case sensitive. This page can also contain up to two logos for your hospital that appear in the left-hand and right-hand corners of the screen.

This is the log-in procedure anyone not accessing the Dashboard through Healthland Centriq or Classic. The designated MUM Administrator will need to log on using the Emergency Access procedure. The administrator must add additional users in the system before they will be able to log on. The log-in screen is shown below.

Once the administrator logs on, the default MUM Dashboard screen and toolbar will display, as shown below. The Dashboard you see may differ, depending on the default set for your organization.
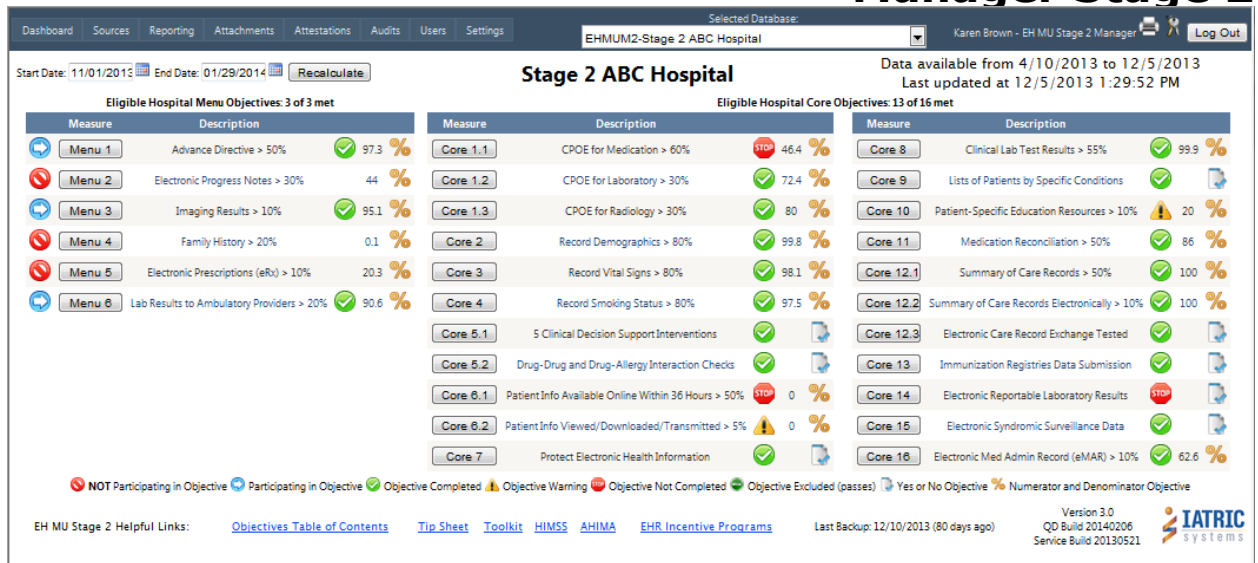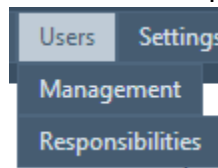
1.4 Adding Users

- To access the Users functions, click Users on the top left toolbar on the dashboard. Only Meaningful Use Manager administrators can add users.
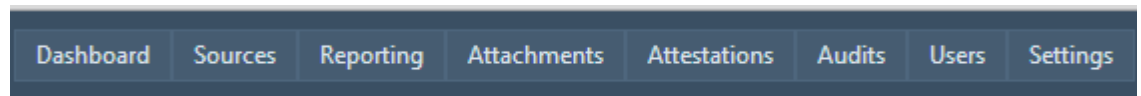
- Select Management from the drop-down.

- Enter the user's Active Directory name, and click Save. In this example, Amy McKee is being added as a new user. If the user will also be a MUM administrator, click on the Administrator check box at the end of the row. Once the new user is saved, you will receive the message, "User Successfully Added."

To edit or delete a user, use the icons to the left of the user's name.

You can also set a default database for each user. This means, when they log on, they will launch first to the default database. In the example above for Vicki Hunt, the default database is EHMUM2 Iatric Systems Hospital. This represents Eligible Hospital MUM Stage 2 for Iatric Systems Hospital.

To change the default database after a user has been added, click the Edit User icon to the left of the user's name. The update fields will appear as shown below.

To change the default database, select the new default database choice from the drop-down list, and click the Update button.
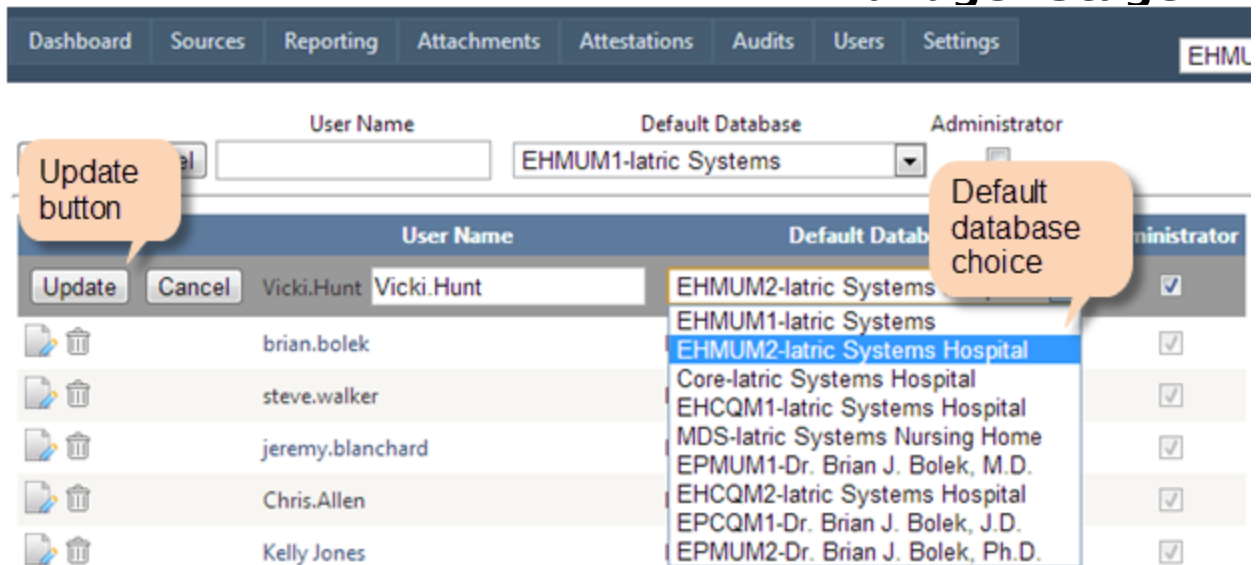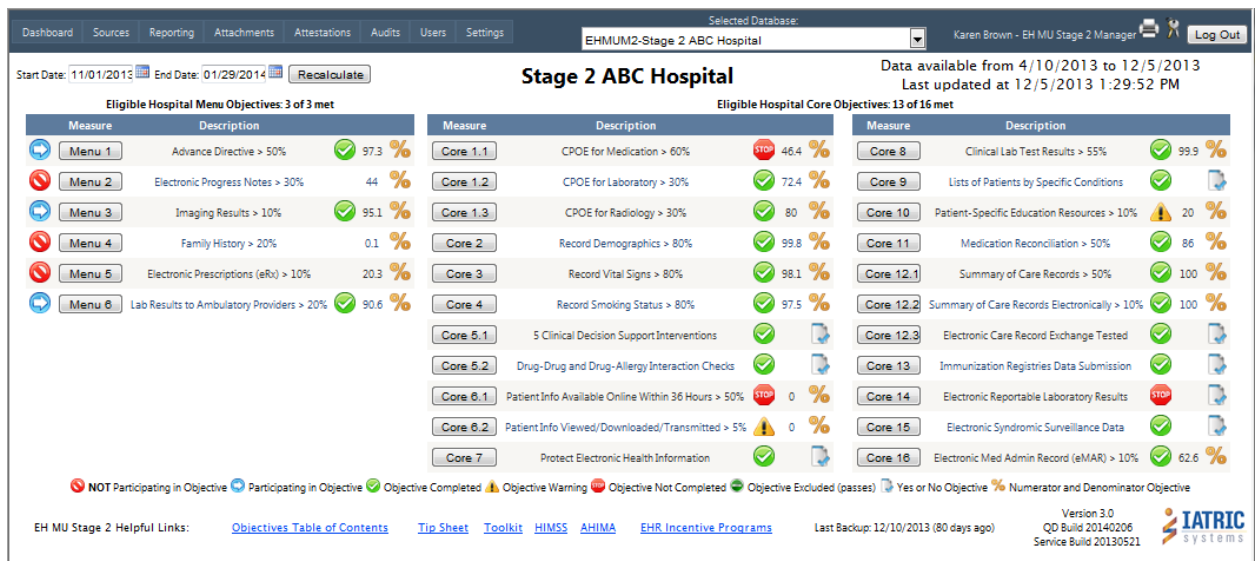
1.4 Dashboard View

1.4.1 Dashboard Options for All Users

**The Dashboard tab on the tool bar always navigates the user back to the dashboard view.**

After the user logs in, the Meaningful Use Dashboard set as the default for the user appears.

A non-administrator of the dashboard will only view the first two tabs: Dashboard and Sources. The user's name will appear on the top right, as well as a print icon to print any items the user chooses to print.

The administrator view offers additional functionally outlined later in this manual.

The Log Out icon next to the user's name is used to log out of the system. The system will automatically log the user out after idle time of 20 minutes, and will warn the user that they are about to be logged out. Before that action occurs, the user will be notified with the following message:
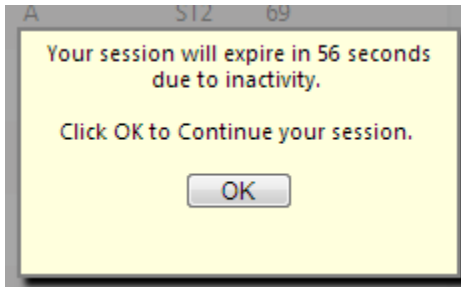
For both the Menu Measure measures on the left of the dashboard, and the Core measures in the middle and on the right, these columns display:

- The name and number of the measure/objective (e.g., Menu 1, Core 1.1, etc.)
- The description and the completion requirement. If the measure is N/D based, there will be a > sign in front of the percent requirement.
- A status indicator for each measure: green check for complete, red stop sign for not complete, or yellow triangle indicating a warning for that measure.
- The last column is the %, which reflects the score for the selected reporting period for numerator/denominator (N/D) measure, and also an indicator icon of for N/D measures or for Yes/No measures.

Stage 2 Dashboard View
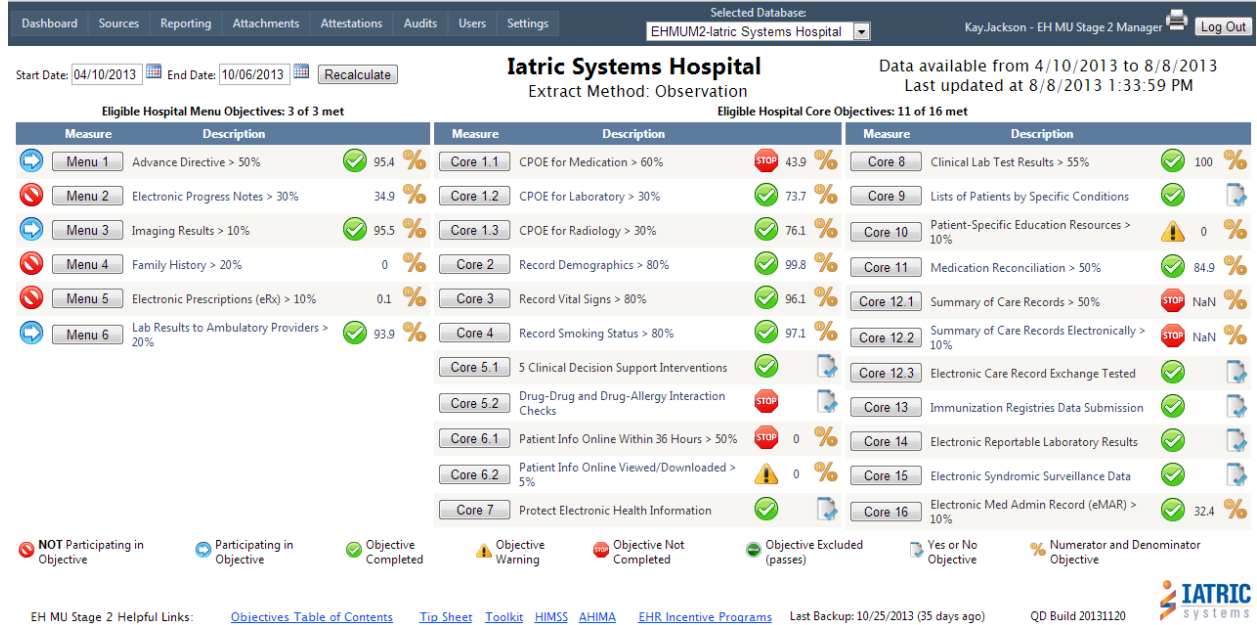
- **Date-calendar drop downs (top left):** The Meaningful Use Dashboard provides users with a date-calendar option with the Start Date and End Date drop-down buttons. This option allows users to select a date range. The Dashboard then displays the Numerator/Denominator (N/D) score for that reporting data and for that particular date range. When the desired date range has been selected, the user clicks the Recalculate button to the right of the End Date field to update the N/D reporting data. Because this data is stored on a SQL server, this option prevents the user from having to run reports. The date range is set as a default in the MUM Settings tab, and each time the dashboard is launched, the default date range displays. The dashboard launches based on the start date set for the default in Settings. Once lanched, the user can always adjust the start and end dates to recalculate the view of the dashboard.
- **Menu Objective Set:** The Menu Objectives items are on the left side of the dashboard. Even if the objective is not one for which the hospital has chosen to attest for Stage 2, if we have been provided with the N/D query information, the dashboard will continue to pull the data to display the percent satisfied. If the site has provided the query or queries for the measure, the score for the measure will display regardless of whether the measure has been selected as one of the three required. Three out of the six Menu measures are required for attestation for Stage 2. The user can turn any Menu Objective

measure from a red icon , which shows the hospital is not participating in that measure for the reporting period, to a blue icon

 , which means that measure has been selected to be one of the three to attest to. Some clients choose to turn on more than the required three measures, and that is ok. When attesting and using the Attestation function on the administrator toolbar, you can also note the three Menu items that were used in the attestation process for historical recording.

- **Core Objective Set:** The Core Objective Set items are located in the middle and on the right side of the dashboard. **All 16 must meet the threshold stated for Stage 2 attestation in the reporting period. Note also,** in Stage 2, there are four Core Measures that require tracking of more than one response within the measure. These multiple-tracking requirements are each tracked independently on the dashboard.

- **Color Indicators:** The color indicators are an easy way to determine the status of a specific objective. You can even print the dashboard view using screen-capture software and present it in meetings. The legend is also listed on the bottom.

  - **Red stop sign** : Site has not satisfied the objective.

  - **Green circle with a check** **:** Objective satisfied.

  The icons for the Core Objective side are automated by the system when the % meets the requirement. On the Menu side, the site must select a measure in order for the green circle to display.

  - **Yellow triangle with exclamation point** : A parameter-driven color/icon that indicates that the objective is a set percentage over or under a set requirement. The threshold percent is set in the Settings tab on the top right-hand side of the dashboard and is an administrator function.
  - At the bottom of the dashboard is a legend for all the icons.

- **Name of the facility:** Listed at the top of the page in the middle and can be updated in the Settings section.

- **Extract Method:** Listed under the name of the facility. Reflects the method chosen by the facility for their numerator/denominator extracts that apply. In this example, the Observation Method was selected. This is entered for the facility by the Healthland implementation team.

- **Date Available From…(Data range):** Listed at the top far right. Indicates, on the first line, the data range of information available from the extract from a start date to an end date.
- **Last Updated:** Under the data range. Shows the last date and time the extract to the dashboard was created from your host system(s).
- **User ID:** Displayed on the top right. Identifies the user who is logged in.
- **Print Icon:** Also on the top right. Allows users to print the dashboard screen. Browser settings may vary for the printing function.
- **Last Backup** date and time: Bottom right. This reminds your team to make sure MUM is being backed up.
- **QD Build:** Bottom right. Shows the current update that your team has loaded. The version number remains the same.
- **Logo:** Far right bottom. The Iatric Systems logo. This logo is present because the CMS MU auditors want to see the logo on all reports used to attest. See the Attestation and Audits sections for more details.
- **EH MU Stage 2 Helpful Links:** On the bottom of the page. Short cuts to helpful resource sites.

Sources Tab (far left next to Dashboard tab)

- The Sources tab provides a view of all the sources of query information for the N/D measures based upon the EHR system (Healthland Centriq or Classic) included in the extract.

Sample of Source view

Objective	Source
Menu 1 - Advance Directive > 50%	(Site details pending to be programmed) -AND- (age>64)
Menu 2 - Electronic Progress Notes > 30%	Site details pending to be programmed
Menu 3 - Imaging Results > 10%	Numerator=(From OE), Denominator=(From RAD)
Menu 4 - Family History > 20%	Site details pending to be programmed
Menu 5 - Electronic Prescriptions (eRx) > 10%	Numerator=(Med Rec prescriptions transmitted), Denominator=(Med Rec Prescriptions)
Menu 6 - Lab Results to Ambulatory Providers > 20%	From RXM
Core 1.1 - CPOE for Medication > 60%	Site details pending to be programmed -AND- Order type MED, LAB, RAD=MED
Core 1.2 - CPOE for Laboratory > 30%	Site details pending to be programmed -AND- Order type MED, LAB, RAD=LAB
Core 1.3 - CPOE for Radiology > 30%	Site details pending to be programmed -AND- Order type MED, LAB, RAD=RAD
Core 2 - Record Demographics > 80%	(Site details pending to be programmed) -AND- (From Abstracting) -AND- (From Abstracting) -AND- (Site details pending to be programmed) -AND- (From Abstracting) -AND- (Site details pending to be programmed=0 -OR- (Site details pending to be programmed>0 -AND- Site details pending to be programmed>0))

1.4.2 Administrator Options

The following options on the blue toolbar are limited to dashboard administrators with administrator rights. Non-administrator users will not view these functions.

| Reporting | Attachments | Attestations | Audits | Users | Settings | | Selected Database: EHMUM2-Iatric Systems Hospital |
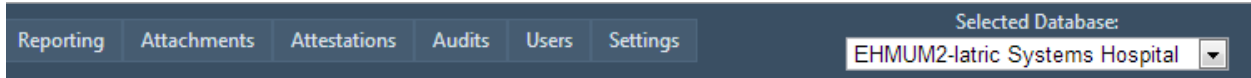
1.4.2.1 Reporting Tab: Under this selection are two options: Dashboard Report and Detailed Reports**.**

Sources	Reporting	Attachments
	Dashboard Report	
10/2013	Detailed Reports	013
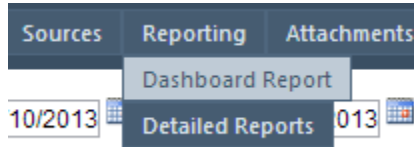
Dashboard Report

This report is useful for sites that are attesting or just need a recap report that is not the main page of the dashboard. On the Dashboard main view, enter the date range you want to review, select the Dashboard Report option, and that date range will appear as a one-page total recap report. The report can also be exported to Excel by clicking on the Export Results button on the top right. This report is very handy when attesting, and the copy used with attesting **should be retained in the event of an audit.** All measures, both Core and Menu, are contained on one page.

Sample Dashboard Report

The **Detailed Reporting** feature of MUM has two access points.

- **From the Reporting tab on the blue tool bar. Select Reporting/Detailed Reports.** Select the report you wish to view, and click on the green arrow to run the report. The detailed report shows all patients included or excluded for the time range selected on the main dashboard screen**.** From within each numerator/denominator drill-down, all users can access the Reporting feature.

This is the administrator view of selecting the detailed report.

| Dashboard | Sources | Reporting | Attachments | Attestations | Audits | Users | Settings |

Selected Database:
EHMUM2-Iatric Systems Hospital

Menu 1: Advance Directive > 50%

- Menu 1: Advance Directive > 50%
- Menu 2: Electronic Progress Notes > 30%
- Menu 3: Imaging Results > 10%
- Menu 4: Family History > 20%
- Menu 5: Electronic Prescriptions (eRx) > 10%
- Menu 6: Lab Results to Ambulatory Providers > 20%
- Core 1.1: CPOE for Medication > 60%
- Core 1.2: CPOE for Laboratory > 30%
- Core 1.3: CPOE for Radiology > 30%
- Core 2: Record Demographics > 80%
- Core 3: Record Vital Signs > 80%
- Core 4: Record Smoking Status > 80%
- Core 6.1: Patient Info Online Within 36 Hours > 50%
- Core 6.2: Patient Info Online Viewed/Downloaded > 5%
- Core 8: Clinical Lab Test Results > 55%
- Core 10: Patient-Specific Education Resources > 10%
- Core 11: Medication Reconciliation > 50%
- Core 12.1: Summary of Care Records > 50%
- Core 12.2: Summary of Care Records Electronically > 10%
- Core 16: Electronic Med Admin Record (eMAR) > 10%

Data from: 4/10/2013 to 10/6/2013

This is a sample detailed report for the Menu 1 Advanced Directive Measure.

| Dashboard | Sources | Reporting | Attachments | Attestations | Audits | Users | Settings |

Selected Database:
EHMUM2-Stage 2 ABC Hospital

Karen Brown - EH MU Stage 2 Manager   Log Out

Menu 1: Advance Directive > 50%

○ Passed Accounts/Orders ○ Failed Accounts/Orders ○ All Accounts/Orders
☑ Show Patient Names View the CMS Definition of this objective
View details for Menu 1: Advance Directive > 50%
The date in aqua is used to determine if data is within the date range.

355 - Numerator: The number of patients in the denominator who have an indication of an advance directive status entered using structured data.
365 - Denominator: The number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period.
Source: (Site details pending to be programmed) -AND- (age>64)
Data from: 11/1/2013 to 1/29/2014
Accounts returned: 434 (355 unique patients)
Note: Some objectives count Numerator and Denominator by unique patients, whereas these reports show you every account, and there can be many accounts per patient. If any accounts for a patient pass then the patient counts into the numerator.

Name	Account	Patient	Admit Date	Discharge Date	Admission Method	Location	Age	Advance Directives
MAYER,ELEANOR C	V20000188	M000378265	11/26/2013	11/28/2013	A	ST1	82	1
FOX,NORA A	V20000808	M000105924	11/12/2013	11/14/2013	X	ST2	96	1
COOL,RICHARD M	V20000931	M000330589	11/12/2013	11/12/2013	C	ER	80	1
WILDFIRE,DIANNE J	V20001400	M000016832	11/12/2013	11/14/2013	B	ST1	76	1
PICHLER,MARGARET M	V20001632	M000376988	11/12/2013	11/14/2013	B	ST2	77	1
PFAFF,DOLORES M	V20001814	M000804268	11/12/2013	11/18/2013	B	ST1	95	1
BELSOLE,MICHAEL R	V20001848	M000132977	11/12/2013	11/17/2013	B	ST2	93	1
MOSCATO,PAULINE M	V20001855	M000621508	11/12/2013	11/16/2013	D	ST1	89	1
SAMPLE,HARRY J	V20002721	M000033951	11/13/2013	11/13/2013	C	ER	86	1
STREICH,LINDA E	V20003190	M000566687	11/13/2013	11/15/2013	B	ST2	75	1
LECKER,MARY DAVID	V20003497	M000173393	11/13/2013	11/13/2013	C	ER	78	1
DUNWORTH,FREDA	V20003604	M000348938	11/13/2013	11/18/2013	B	ST1	96	1
JUDICE,EVELYN F	V20003752	M000153692	11/13/2013	11/14/2013	X	ST1	88	1
WATKINS,DONALD L	V20004347	M000508010	11/13/2013	11/16/2013	X	ST2	66	1
WICKETT,MARY ANN	V20004933	M000111799	11/13/2013	11/13/2013	C	ER	74	1
MAJOR,AUDREY P	V20004958	M000826442	11/13/2013	11/16/2013	B	ST2	72	1
LEWIS,LORETTA H	V20005260	M000360172	11/13/2013	11/15/2013	X	ST2	68	1
GEER,JOHN R	V20005484	M000396887	11/13/2013	11/13/2013	C	ER	92	1

Export Results (.xls)   Export Results (.csv)

EH MU Stage 2 Helpful Links: Objectives Table of Contents   Tip Sheet   Toolkit   HIMSS   AHIMA   EHR Incentive Programs   Last Backup: 12/10/2013 (83 days ago)

Version 3.0
QD Build 20140206

IATRIC

Meaningful Use Manager Stage 2
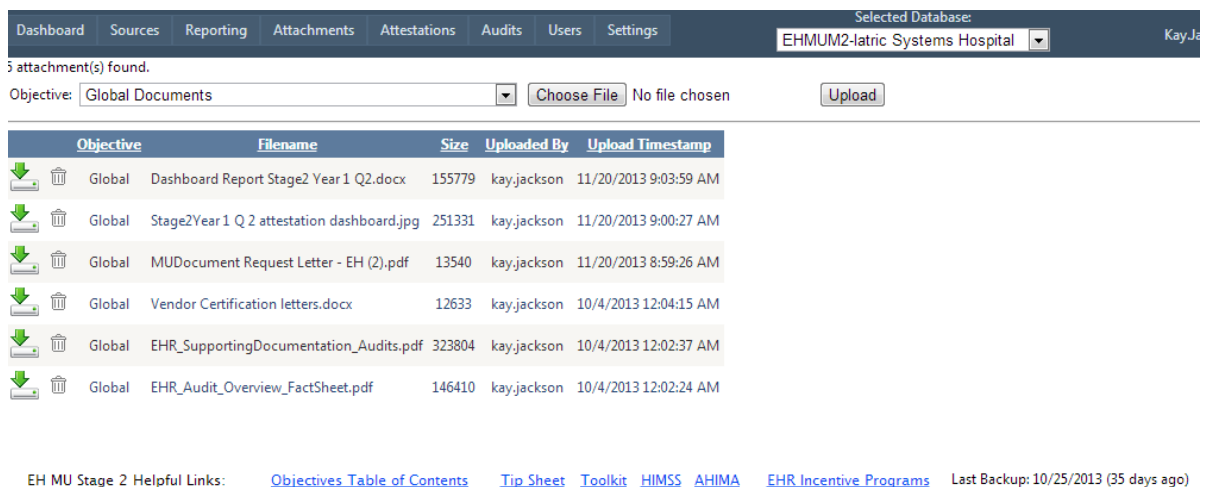
1.4.2.2 Attachments Tab: This Attachments section functionality is only available to staff with administrator rights. This header button provides access to the ability to upload Global Documents. These are documents that are not specific to one measure, but rather, are global for the entire MU process. Examples include your letters from certified vendors, a screen shot of a dashboard when you attest, or anything else you want to house for the attestation process. First, select the Attachments button on the toolbar. The following view shows what will launch when you select the Attachments option.
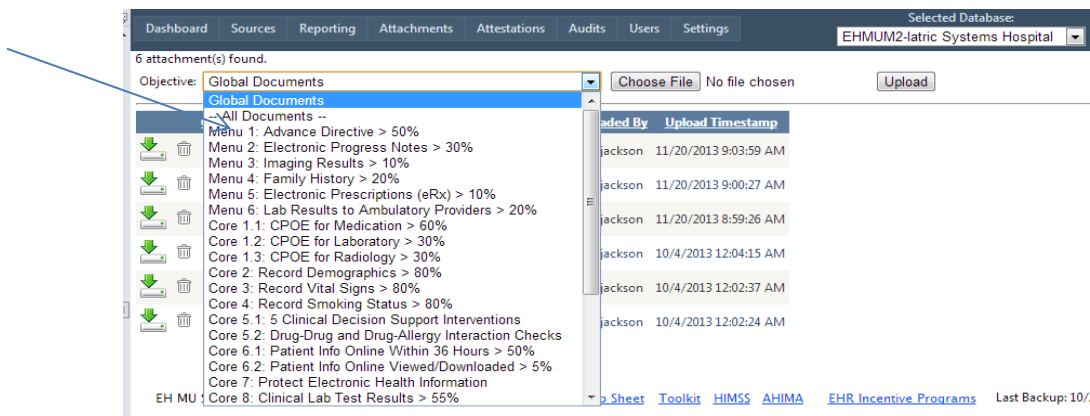
Sample Attachments View
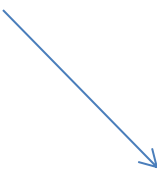
To upload a document, click the Choose File button, and browse for the file content you want to add to the Global Document section. Select the file, and click the Upload button to attach the file to the Global attachments area.

Note there is a drop-down arrow that allows the administrator to also view all attached files in any of the Core or Menu Measures categories.

To view an attachment, select the attachment and click the to the left of the attachment.
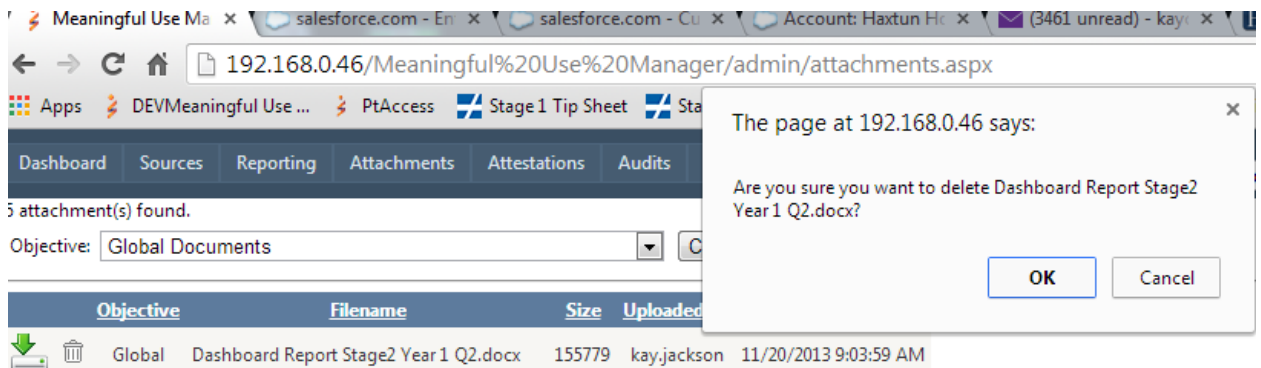
The attachment will download and be available for viewing. Depending on your browser, it will appear something like this:
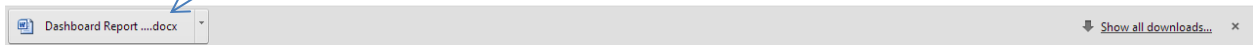
Open the document for viewing.

If you wish to delete an attachment, click on the trash can icon. A confirmation window appears to confirm the deletion. Click OK if you want to delete or cancel to cancel the transaction.

Sample Delete Document View

1.4.2.3 Attestations Tab

The Attestations tab provides the ability to track the hospital's attestation reporting periods and includes a Comments section on the far right to add comments. To add an entry, indicate the start and end date of the reporting period, enter the Attestation date, and then add comments. Click the Add Attestation button to save the entry. The entry query is on the far left side, and the display view is on the right side. To edit any entry on the right side, select the first paper-with-pen icon to the left of the entry you wish to edit, make the update, and save. To delete any entry, click on the trash can. Listing your attestation periods can be helpful years down the road when reviewing prior reporting periods.

Sample View of Attestation Feature

1.4.2.4 Audits Tab: Every action taken in the system is recorded in the audit trail.

Sample Partial View of Audits Feature

The review sections included on the Audits listing are:

a. **Action**: Lists the action the user took. At the top left is a drop-down entitled Action, and after clicking on the down arrow, you can select any action for which you want to create an audit report.
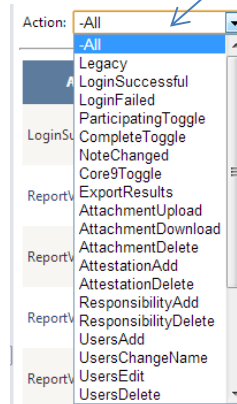
b. **Type**: Shows which dashboard view the user was accessing that you wish to audit and is sortable by clicking on the heading Type.

c. **Database:** Each dashboard view has its own database. Depending on your organization's participation, you may see a Stage 2 MUM and a Stage 2 CQM. This section shows which database was accessed by the user. Each EH or CAH will have a different drop-down list based upon

their MUM history, and you can change the selection using the down arrow. Here is a view of a sample list:
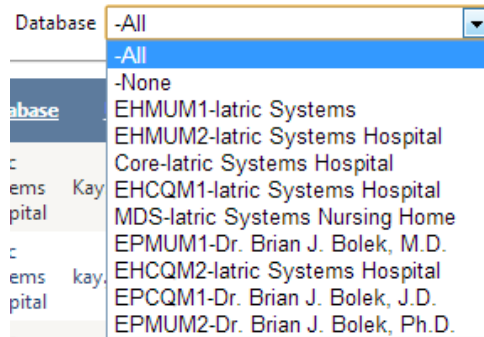
d. **User:** Again, this is a function with a drop-down arrow so the user can be selected for the audit report.
e. **Date/Time:** Indicate a start date and end date for the period in which you would like to view the audit report. This function is on the top right below the tool bar.
f. **Parameter #1:** Indicates the accessed item such as the IP address Port of the user or the function they accessed.
g. **Value #1:** Shows the detail of the parameter 1 data, such as the actual UP address.
h. **Parameter #2:** Second set of data action recorded such as a start date section selected by the user.
i. **Value #2:** Shows detail of the parameter data, such the actual start date keyed by the user.
j. **Parameter #3:** Third set of data action recorded, such as the end date selected by the user.
k. **Value #3:** Shows detail of the parameter such as the actual end date selected.

To create an audit report:
1. Select the following items:
    o   Action to review
    o   Database to review
    o   User to review
    o   Start date to review
    o   End date to review
2. Click the Filter Results button.

Here is an example of audit report specifications:
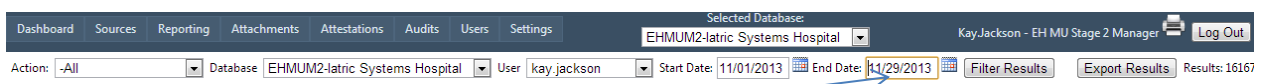
Then click Filter Results.

The results of the audit review display as shown below.

SettingChanged	EHMUM2	Iatric Systems Hospital	kay.jackson	11/29/2013 10:05:25 AM	SettingName	Database Name		OldValue	Freeman Health Center	NewValue	Iatric Systems Hospital
LoginSuccessful	EHMUM2	Iatric Systems Hospital	Kay.Jackson	11/29/2013 10:02:50 AM	IPAddressPort	192.168.252.211					
LoginSuccessful	EHMUM2	Iatric Systems Hospital	Kay.Jackson	11/25/2013 3:15:33 PM	IPAddressPort	192.168.252.11					
ParticipatingToggle	EHMUM2	Iatric Systems Hospital	kay.jackson	11/25/2013 1:44:23 PM	Objective	Menu 6		CheckValue	True		
CompleteToggle	EHMUM2	Iatric Systems Hospital	kay.jackson	11/25/2013 1:44:11 PM	Objective	Core 5.1		CheckValue	True		
ReportViewed	EHMUM2	Iatric Systems Hospital	kay.jackson	11/25/2013 1:42:46 PM	Objective	Core 1.1: CPOE for Medication > 60%		StartDate	4/10/2013	EndDate	10/6/2013

The administrator can export the audit report using the Export Results tab.

1.4.2.5 Users Tab - Responsibilities: Adding a user was explained earlier, but under the Users tab, there is a second option called Responsibilities. The Administrator can assign rights for each objective. That means that a single person or a team may be assigned to the specific objective and will have access to add text in the drill-down section for that specific objective, as well as the ability to upload documents for that measure. The measures are listed on the far-left side, and the users are listed across the top. Determine which measures the user will be responsible for, and check the measures that correspond with the user's name. When finished, click the Save Changes button at the bottom of the page to save all changes. Once the user is deleted, their responsibilities are also deleted automatically.

Sample Responsibilities View

	Vicki.Hunt	brian.bolek	steve.walker	jeremy.blanchard	Chris.Allen	Kelly Jones	david.cruz	kay.jackson	faith.folmsbee	greg.shunta	debbie.grimaldi	jim.bolt
Menu 1 - Advance Directive > 50%	☑	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐
Menu 2 - Electronic Progress Notes > 30%	☑	☐	☐	☐	☑	☑	☐	☑	☐	☐	☐	☐
Menu 3 - Imaging Results > 10%	☑	☐	☐	☐	☑	☑	☐	☑	☐	☐	☐	☐
Menu 4 - Family History > 20%	☐	☑	☐	☐	☑	☑	☐	☑	☐	☐	☐	☐
Menu 5 - Electronic Prescriptions (eRx) > 10%	☐	☑	☐	☐	☑	☑	☐	☑	☐	☐	☐	☐
Menu 6 - Lab Results to Ambulatory Providers > 20%	☐	☑	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐
Core 1.1 - CPOE for Medication > 60%	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐
Core 1.2 - CPOE for Laboratory > 30%	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐
Core 1.3 - CPOE for Radiology > 30%	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐
Core 2 - Record Demographics > 80%	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐
Core 3 - Record Vital Signs > 80%	☐	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐

The toolbar above shows: Dashboard, Sources, Reporting, Attachments, Attestations, Audits, Users, Settings. Selected Database: EHMUM2-Iatric Systems Hospital. Kay.Jackson - EH MU Stage 2 Manager. Log Out. Currently Assigned Responsibilities:

1.4.2.6 Settings Tab: Allows the administrator to set some criteria for the dashboard view. Each dashboard view can have its own settings.

Sample Settings Page

a. **Database Settings:** The far-left button is for critical dashboard information to be recorded. The following detail explains each section of the feature:

➢ **Database Name:** Created by the install team for the facility that the dashboard is for. The Settings section is reflected by the dashboard view the user has accessed (MUM Main Dashboard or CQM Dashboard). Place the name of the facility to be displayed on the main dashboard view in this section. Note the Selected Database to the top right indicates which database the information reflects, such as MUM Stage 2 Iatric Hospital in this example listed as EHMUM-Iatric Systems Hospital.

➢ **Database Group:** Databases with the same group will be available to all users with a default database in that group. For example, if the MUM and CQM Databases have the same group, then MUM users can access CQM.

➢ **Default Date Range:** Allows the administrator to set the desired default view of quarters or days to default when any user launches the dashboard. After launching the dashboard, the user can adjust the date range and recalculate. Only select one method:

  o **Select Quarter and Year:** If the hospital wants the default view when a user launches the dashboard to reflect the quarter

they plan to attest, select the quarter from the drop-down. We recommend you only use this setting if the reporting period is currently active.

- o **# of Days of Data to Show:** For this setting, the administrator can set a system-wide default date for the number of days for the dashboard to display.

- o **Fixed Start Date:** If the site wants to view their full reporting year, the # of days of data to show will be 365. Right below that, the administrator will select the first day of the reporting period, such as 10/1/14. That way, when the dashboard is launched, all users will see data reflective of the full current reporting period. The user can change the date range when they want to view a different date range simply by changing the date range on the main view on the top left of the dashboard.

- ➢ Yellow Threshold (Low): Parameter setting to change the display color for the measure to Yellow when the score is **below** the required percent by a number placed in the field. Example: If the hospital wants any N/D measure that is under the requirement by 2% to display Yellow, place 2 in this field.

- ➢ Yellow Threshold (High): Parameter setting to change the display color for the measure to Yellow when the score is **above** the required percent by a number placed in the field. Example: If the

hospital wants any N/D measure that is just over the requirement by 2% to display Yellow, place 2 in this field. The benefit of both the Low Yellow and High Yellow is that it serves as a caution to pay attention to the score for that measure.

➢ **Save:** When changes are made on the Applications Settings function, click the Save button to save the changes**.**

b. **Emergency Password:** Where the default Emergency password can be changed. Remember, only a few select team members should know this password. We recommend that you leave the password as the default password, and that password can be obtained during training.

c. **Homepage Images:** Where the hospital can add images for the landing page of MUM. The options are to add an image to the left or right side. Decide which image you want to display, choose the file where the image resides, and then click Upload. The Iatric Systems image will always display in the middle. Again, the CMS MU auditors like to see logos on the reports, as well as the logo on the landing page where the Version number of MUM is located. On the day you attest, it is also recommended to take a screen shot of the MUM Version number used to attest.

Example of image added on the left side:

Meaningful Use Manager Stage 2

2. N/D (Numerator/Denominator) AND Y/N (Yes/No) OBJECTIVE DRILL DOWNS

2.1 Numerator/Denominator (N/D) Objective Drill-Downs

The default database assigned to the user under the Users section of the dashboard administrator tools is the first dashboard view to appear. The user can then select from the Selected Database drop-down to reset to the designated dashboard view.

To access the drill-down for any objective, place the mouse on the objective button, and click to access the drill-down screen.
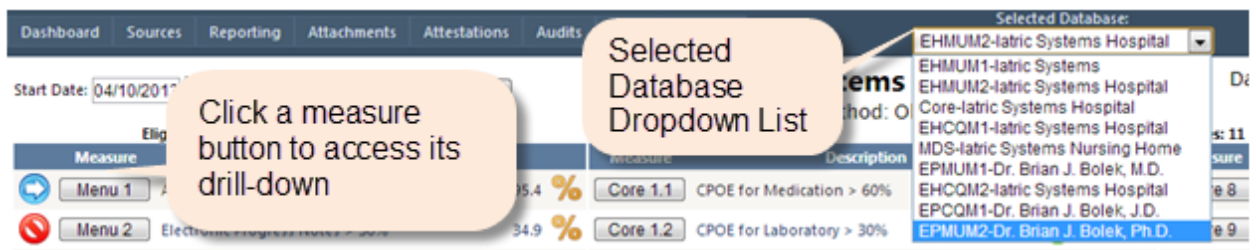
Here is an example of an N/D drill down-page layout. The layout for each of the N/D objectives looks the same. The name of the objective is indicated in the middle of the screen. The blue arrows on each side of the name of the measure near the top of the screen take you to the next measure or back to the previous measure.

The N/D drill-down view includes the following, starting at the top left:

- **Return to the dashboard view (top left):** Click on the Dashboard tab on the blue header.
- **View the CMS Definition of this Objective (top left):** This URL will launch the CMS specification sheet for that specific objective. This sheet provides more detail regarding the objective and any exclusion. If CMS changes the URL link (this occurred in Stage 1), the link will be updated in MUM.
- M**easure name and required % (middle top below toolbar):** The drill-down N/D measure selected. The view will display the measure's selected text and the % required for this measure.
- **Date Range (top right):** The date range selected on the main dashboard view will display here. It can always be changed to a different date range and recalculated from the main dashboard view.
- **Responsible for this objective (top right):** In the Users Responsibilities section, the person(s) responsible for adding content to the drill-down sections can be selected and assigned, and that selection will be reflected here. Only the person(s) named and the administrator can add content to that objective drill-down.
- **Percentage (top far left under CMS definition)**: In this field, the current % for this drill down measure will display and reflects the same score shown on the dashboard view.
- **Numerator value (top far left under CMS definition):** The numerator value that is the system-calculated value for this objective and the text provided is based on the requirement for this drill-down measure and for this date range. MUM is certified to calculate this number.
- **Denominator value (top far left under CMS definition):** The denominator value that is the system-calculated value for this objective for this date range and, again, the text of the requirement for this measure is shown. MUM is certified to calculate this number.
- **NOTE:** From either the blue Numerator or blue Denominator underlined link, the user can generate the patient detailed report. The user clicks on either selection to generate and launch the report.
    - **If the Numerator value is selected:** The view of all the Passed accounts will display. The patients included in the report will match the numerator calculated number. The report can be exported using the Export Result button at the bottom on the report.

o **If the Denominator value is selected:** The view of all accounts, both passed and failed, will appear. The patients will match the denominator calculated number. The report can be exported using the Export Result button at the bottom on the report.

o Once the detailed report appears, if you want a report of just the failed accounts, that report can be selected and generated by clicking the radio button titled Failed Accounts/Orders and clicking on the green arrow. (More about this in the section explaining the detailed reports.)

View of Denominator detailed report and information contained on this page:

- **Source:** This text reflects the location of the measures query or field used by MUM to calculate the required % based upon the questionnaire information provided.
- **Exclusion:** Any exclusion that is listed in the measure is shown here.
- EH MU Stage 2 Useful Links are shown at the bottom of the page.

NOTE: Under the CPOE column example above, if a 0 appears, CPOE was not used for this order based upon the regulation. If a 1 appears in the CPOE column, CPOE was used for that order based upon the regulation.

We'll explain the detail of the numerator and denominator detailed reports in the next sections of this manual.

The middle section of the drill-down provides two added features:
On the far left is the Notes section. A user with responsibility for the measure or an administrator user can create or edit notes in this section. The Notes section allows the team to record notes specific to the measure indicated in the drill-down. To add a note:

- In the free space, type the title of the note. This title should reflect the content of the full note, such as CPOE Plan.

Note Title: [   ]

- Then move to the content section and enter your notes. Once complete, click Save or Cancel.

[text area]

Save   Cancel

Note Example

Note Title: CPOE Plan for Medications

Our goal is to achieve a 75% for this measure.

Save   Cancel

The full list of all entered notes appears at the bottom of the content section.

Save

	Title	User	Date/Time
🔍 🗑 ✏	Computerized Physician Order Entry (CPOE) for Medi	kay.jackson	10/1/2013 1:45:42 PM
🔍 🗑 ✏	CPOE Plan	kay.jackson	9/25/2013 11:33:40 AM
🔍 🗑 ✏	CPOE Quarterly EP review	kay.jackson	9/25/2013 9:18:27 AM
🔍 🗑 ✏	MU Stage 2 CMS website	kay.jackson	9/25/2013 9:17:11 AM

- To view a note, select the icon 🔍 to the far left of the note. Any user with access to the dashboard can view the note, but only owners of the measure or administator users can edit or add a note.

Note Viewing:

On:10/1/2013 1:45:42 PM   By:kay.jackson
Computerized Physician Order Entry (CPOE) for Medi
Computerized Physician Order Entry (CPOE) for Medication Orders Objective: Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines. Measure: More than 30 percent of all unique patients with at least one medication in their medication list seen by the eligible professional have at least one medication order entered using CPOE. jghjg Changes as of August 2012: Beginning in 2013, CMS added an optional alternate measure to the objective for computerized provider order entry (CPOE). The original measure for CPOE was based on the number of unique patients with a medication

OK

Save   Cancel

	Title	User	Date/Time
🔍 🗑 ✏	Computerized Physician Order Entry (CPOE) for Medi	kay.jackson	10/1/2013 1:45:42 PM
🔍 🗑 ✏	CPOE Plan	kay.jackson	9/25/2013 11:33:40 AM
🔍 🗑 ✏	CPOE Quarterly EP review	kay.jackson	9/25/2013 9:18:27 AM
🔍 🗑 ✏	MU Stage 2 CMS website	kay.jackson	9/25/2013 9:17:11 AM

When finished reading the note, click OK to return to the list of notes.

- **To delete a note**, click the trash can icon 🗑 . Only owners of the measure or administrator users can delete a note. All actions are recorded in the Audits section of the tool. You'll receive a warning before the note is deleted:

The page at 192.168.0.46 says: ×

Are you sure you want to delete note titled: Computerized Physician Order Entry (CPOE) for Medi?
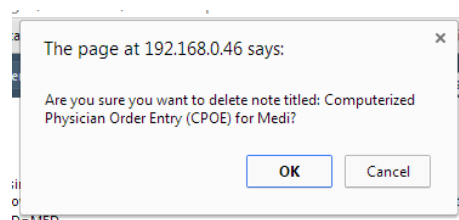
OK   Cancel

- **To edit a note,** click the pen icon 🖊. This function opens the note for editing. When finished, click Save or Cancel.

Sample Notes View for Editing

Note Title: Computerized Physician Order Entry (CPOE) for Medi

```
Computerized Physician Order Entry (CPOE) for Medication Orders

Objective:
Use computerized physician order entry (CPOE) for medication orders directly
entered by any licensed healthcare professional who can enter orders into the
medical record per state, local and professional guidelines.

Measure:
More than 30 percent of all unique patients with at least one medication in their
medication list seen by the eligible professional have at least one medication
order entered using CPOE.
jghjg
```

Save   Cancel

Attachments section:

This section allows the user to attach documents that are specific to the measure. Some examples might be:

- Screen shots of measure entry point
- Policy about CPOE
- Workflow of CPOE

Attachments view:

Attachment: Choose File No file chosen   Upload

	Filename	Size	User	Date/Time
⬇ 🗑	CPOE biggest barrier to meaningful use.docx	15990	kay.jackson	11/20/2013 8:50:05 AM
⬇ 🗑	MEDITECH 2014 ONC cert.docx	166205	kay.jackson	9/25/2013 12:31:28 PM
⬇ 🗑	Stage2_MeaningfulUseSpecSheet_TableContents_EligibleHospitals_CAHs.pdf	141866	kay.jackson	9/25/2013 9:25:30 AM
⬇ 🗑	1_CPOE_for_Medication_Orders.pdf	588620	kay.jackson	9/25/2013 9:18:04 AM

4 attachment(s) found.

To add an attachment, create the file that you wish to attach. Be sure to name the file with a recognizable title to make it easy for staff to view or locate an attachment.

Select the measure to which the attachment applies (this has already been done in this case). Click the Choose File button next to the word Attachment at the top of the Attachments section. Browse for the file you wish to attach and click on the file.

Example of a file in a browser:
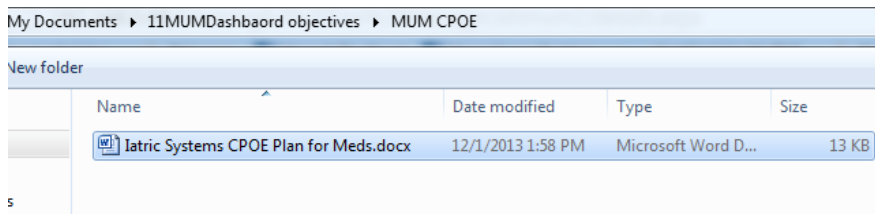
When ready to attach the document, click the Upload button. The file will be added to the Attachment section.

Sample Attachment View: New File Chosen in Browser Above Attached
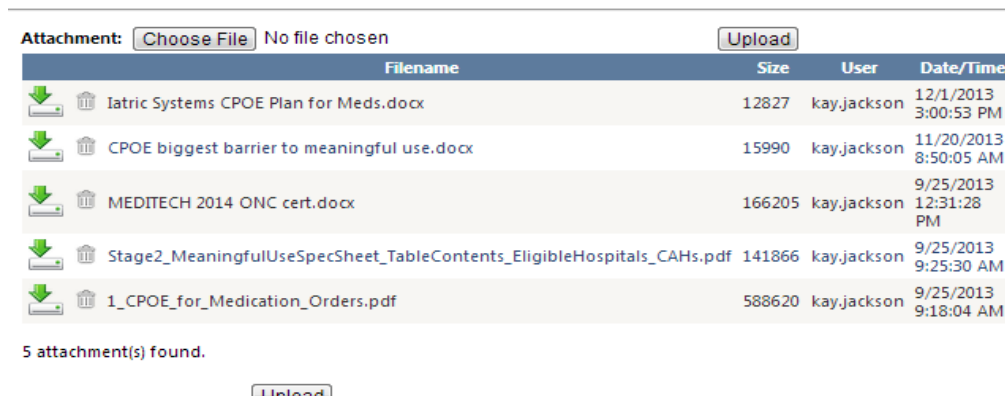
2.1.1 Denominator Detailed Report View

In the previous section, you learned how to access the Denominator Detailed Report view by clicking on the Denominator link from a measure's drill-down screen.

Here is a recap of the denominator detailed report view:

- **The measure you are reviewing (top left)** is indicated in the drop-down list and can be changed to the detailed review of another N/D measure. Just select the report to view from the drop-down list, and click on the green arrow .

- **The indicator of the report view (top left)**. Under the measure name, the following selection reporting criteria can be viewed and chosen. To see a different view, simply select a different radio button and click the green arrow.

    - Passed Accounts: The report reflects the Numerator list of patients.
    - Failed Accounts/Orders: The report provides a list of all accounts or orders that failed the measure.
    - All Accounts/Orders: This is the default view. The report reflects all accounts or orders, both passed and failed. The number listed equals the Denominator total.
- Under the report view indicators is a shortcut link to the specifications sheet for that measure, titled *View the CMS Definition of this objective*.
- Below this option is a button titled *View details for (in this example, Core 1.1)*. Select this button returned to the drill-down page for that measure.
- Below that will be a text indicating the method for calculation for that measure. The applicable data element will be indicated in aqua. In the example, the column indicated in aqua is Order Date (the date of the order), which is the method of calculation for this specific measure. This functionality is shown throughout all the N/D measures.
- The top right side of the reporting page lists important facts about that measure. In the example, it defines the contents of the numerator and denominator for the measure.
- **Source:** This text reflects the location of the measures query or field used by MUM to calculate the required % based upon the questionnaire information provided.
- To export the report findings, select the Export Results button at the bottom on the report. On the day the site attests, we recommend that you create and export this report to save in the event of any audit. See the Attestation section for more details.
- Again, EH MU Stage 2 Useful Links are shown at the bottom of the page.

Note: Some of the Core and Menu Objectives apply to '**Unique Patient'**. This means that, if a patient is admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) more than once during the EHR

reporting period, then for purposes of measurement, that patient is only counted once in the denominator for the measure. All the measures relying on the term '**Unique Patient'** relate to what is contained in the patient's medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same EHR reporting period.

Within the drill-down for the patient detail in MUM, if the measure is a Unique Patient Measure, that information will be noted for you. If the unique patient requirements apply to a measure, when the drill-down is activated to the detailed report of patients included or excluded, the content will advise the total number of unique patients for that selected reporting period.

2.1.2 Numerator Detailed Report

The layout of numerator detailed report is much the same as the denominator report. The difference is that the view indicator is set to Passed Accounts/Orders, which is what the numerator of the measure represents.

Again, you can change which accounts are shown by clicking a different radio button. Other report functionality is exactly the same as for the denominator detailed report.

Sample Numerator Detailed Report View

2.2 Y/N Objective Drill-downs

Example of a Yes/No Drill-down:

For objectives that are not N/D (numerator/denominator) based, and require just a Yes attestation that is ready and in place, this is how the drill-down will appear. For the Yes/No objectives, no query fields are needed to extract data to the dashboard. When you have the Yes/No Core objective completed, click on the drill-down for the measure and indicate completion by changing the icon from red to green as shown below. Only authorized users can make this change. In this example, the user is indicating that Core 5.1, the 5 Clinical Decision Support Interventions, are in place, and has changed the icon from red to green.

In the Yes/No drill-down, the N/D calculation items are not applicable, but the other items, such as Notes and Attachments, remain. The items available in the drill-down for the Yes/No Measures are:

- *View the CMS Definition of this objective* (top left): Short cut to the CMS Specification Sheet for the measure.
- **Name of measure** (center top)
- **Yes/No measure indicator** (below name of measure)
- **Date range** (far left): Does not apply to a Yes/No measure
- **Responsible for this objective** (upper right below the date range: Lists the team responsible for the measure
- **Completed** (top left under *View the CMS Definition…*): The green or red circle icon turns indicates whether the measure has been completed. To turn the measure from the 🛑 Objective Not Complete to ✅ Objective Complete , click on the red stop sign. MUM will update to reflect the green check on this screen and on the Dashboard. To return the measure to the red icon indicating Objective Not Complete, click on the green icon. Only staff responsible for the measure or administrator staff can make this change.

After making this change, the main dashboard view will reflect that the measure has been met. Before you turn a Yes/No measure on, make sure the measure is satisfied. Add documentation to the Attachments section of the measure for proof. This information can support the completion of this measure in the event of any audit.
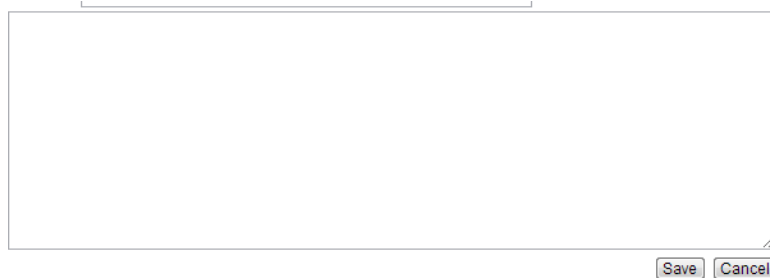
Just as in the example for a N/D measure, the middle section of the Y/N drill-down provides the Notes section:

On the far left is the **Notes section**. A user with responsibility for the measure or an administrator user can enter notes in this section. The Notes section allows the team to record notes specific to the measure.

To add a note, in the Note Title field, type in the title of the note. This title should reflect the content of the full note, such as *Clinical Decision Support Interventions*.
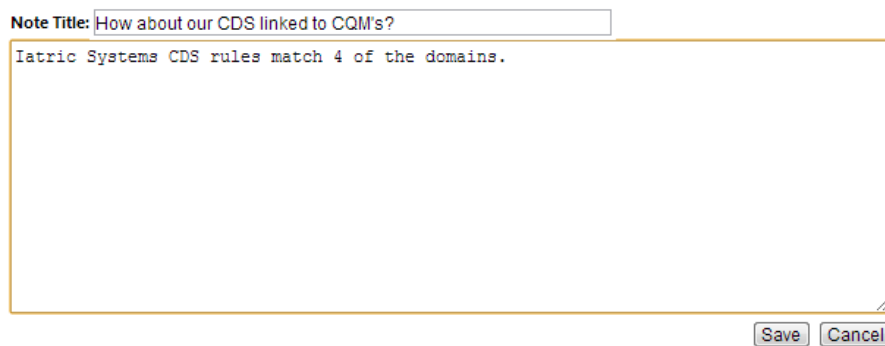
Note Title: [   ]

Then move to the content section and enter your note.
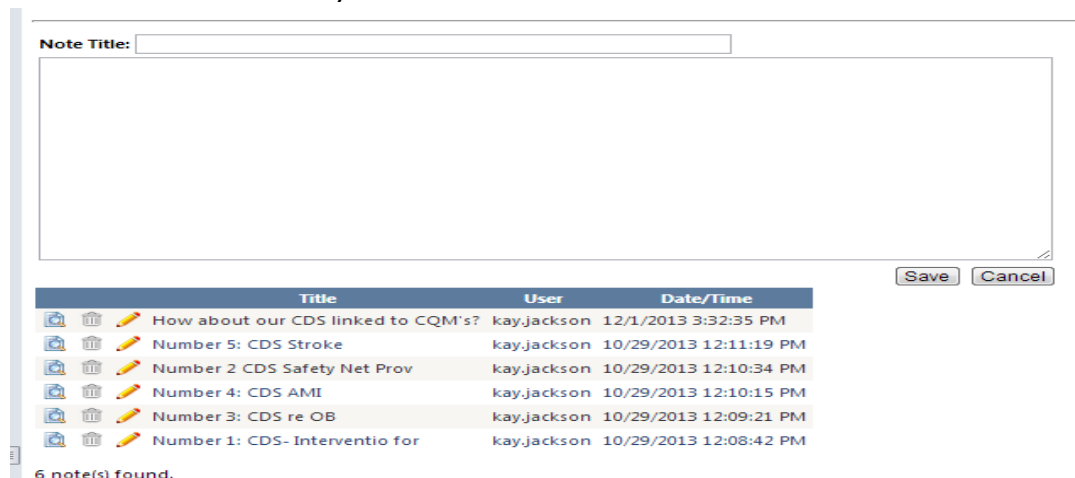
Example of a note for a Yes/No Measure:

Click Save or Cancel to finish. The note title, the user who entered the note, and the date and time the note was saved will appear in the list of notes beneath the note entry section.

To view a note, select the icon 🔍 to the far left of the note . Any user with access to the dashboard can view any note on the list.

Sample note in view mode:

When finished reading the note, click OK to return to the list of notes.

To delete a note, click on the trash can icon 🗑. Only owners of the measure or administrator users can delete a note. All actions are recorded in the Audits section of the tool. The user receives a warning before the note is deleted:

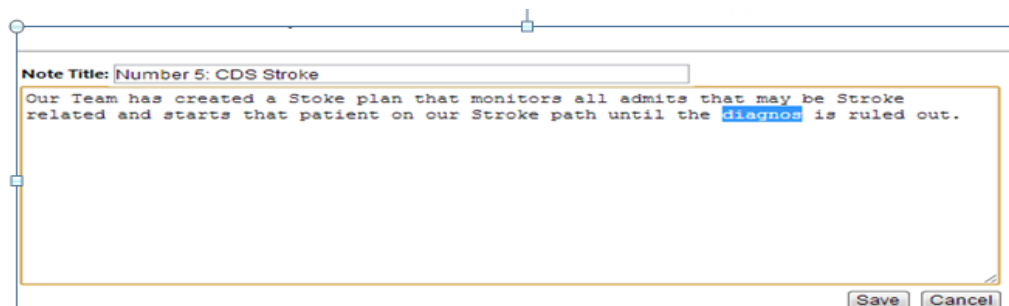**To edit a note,** click on the pen icon 🖊. This function opens the note for editing. When finished, click Save or Cancel.

Note Title: Number 5: CDS Stroke

Our Team has created a Stoke plan that monitors all admits that may be Stroke related and starts that patient on our Stroke path until the diagnos is ruled out.

Save Cancel

2.3 Core 1.1-1.3 CPOE (added feature)

For the CPOE objective, additional collection fields have been provided under Stage 2 MUM. These include: Order number, Order type, Entering Provider, Ordering Provider, and Order Source. These fields appear in the numerator and denominator detailed reports. Adding these vital fields provides the site with the ability to review orders by entering and ordering providers. Remember: the report can be exported to Excel and sorted. Also, each of the headers, such as Order Number or Account, can be used to sort by clicking on the header name.

Sample of Orders fields within Core 1.1- 1.3

Order Number	Account	Patient	Order Date	Order Type	CPOE	Order Status	Entering Provider	Ordering Provider	Order Source
0410-0292	V99169559	M000351189	4/10/2013	MED	1	C	DR.JBM	MEDJO	ZPOM
0410-0297	V99169559	M000351189	4/10/2013	MED	1	C	DR.JBM	MEDJO	ZPOM
0410-0356	V99169559	M000351189	4/10/2013	MED	1	C	DR.SRM	MCKSC	ZPOM
0410-0357	V99169559	M000351189	4/10/2013	MED	1	C	DR.SRM	MCKSC	ZPOM

3. THE CQM DASHBOARD

3.1 CQM View

The following is a recap of how to use the CQM dashboard. The CQM Dashboard lists the scores for the 16 CQMs that are configured in Centriq and Classic. In 2014, many of the CQMs have sub-measures.

Example of the Stage 2 CQM dashboard

All hospitals, regardless of their Stage in 2014, must report using Stage 2 2014 CQMs. MUM CQM Stage 2 is certified for the calculation of the required reporting values for 2014, as well as the QRDA Category III electronic reporting. Sites that are in Year 1 Stage 1 reporting in 2014 are excluded from the CQM electronic submission requirement.

The requirement is to report 16 2014 CQMs. The CQM Dashboard lists the scores for the 16 CQMs that are configured in Healthland Centriq and Classic.

3.2 Dashboard Layout for 2014 CQM

The CQM Dashboard features are similar to the MUM Dashboard. Please refer to the MUM section for details. The Dashboard, Reporting, Attachments, Attestations, Audits, Users and Settings under the CQM toolbar work in the same way as the MUM features, except these options reflect information for the CQM tracking instead of MUM. There is a difference in the Reporting section as outlined below.

CQM Toolbar Example

Dashboard	Reporting	Attachments	Attestations	Audits	Users	Settings

Start Date: 01/01/2012 End Date: 12/31/2012 [Recalculate]

Note: There is a difference between MUM and CQM on the Reporting tab. When the team is ready to attest electronically to the CQMs for 2014, the Reporting tab is selected and the Dashboard report is created based upon the Start and End Date of the reporting period.

The CQM Dashboard lists the scores for the 16 CQMs that are configured in Centriq and Classic. This report can be exported as well. Use the Export Results icon on the top left to create the export. This report is a recap of the CQM scores for the date range period selected on the main CQM Dashboard view. To submit electronically to Quality Net for 2014 CQMs, select the second option entitled Download QRDA Category III Document.

CQM Partial Reporting toolbar view:

Data from: 01/01/12 to 12/31/12   [Export Results] [Download QRDA Category III Document]
Measures with no data are not shown. Please contact Iatric if you believe data is missing.

Measure	NQF #	Description	IPP	Denominator	Exclusions	Numerator	Median	% Passed	
VTE-1	0371	Venous Thromboembolism Prophylaxis	13	13	9	2		50	%
VTE-2	0372	Intensive Care Unit Venous Thromboembolism Prophylaxis	13	2	0	1		50	%
VTE-3	0373	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	5	3	0	2		66.67	%

Note: As of February 25, 2014, Quality Net has not published any direction for vendors regarding the submission of the 2014 certified CQMs for the hospital to actually report. As more details are available, we will update the user manual.

To access information about each of the CQMs, go to the main CQM dashboard view and select the CQM in question. If the extract has been created, the name of the CQM will be black and not greyed out. Iatric Systems CQM is certified for all 16 CQMs supported by Healthland.

The layout of the 2014 CQM Dashboard is as follows: The CQM Dashboard displays 3 columns of CQMs. Each column has the following layout for each measure.

Measure	Description	Median	% Passed
VTE-1	Venous Thromboembolism Prophylaxis	50	%
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	50	%

- **Measure:** The name of the CQM measure. The NQF number will show when the drill-down view is activated.
- **Description:** Short description of the text of the measure.
- **Median:** Not yet used
- **% Passed:** Based on the patients included in the measure. Calculated using the Numerator % over the Denominator total.

On the CQM dashboard, the first 1 ½ columns display measures that are % based, indicated by the ![%] icon. Halfway down the 2nd column you'll see the timed CQMs. They are denoted by the ![clock] icon.

Drill-down example view for a % Measure:

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The items below the toolbar included on this sample view are:

% IPP Denominator Numerator Exclusions ← VTE-1 (NQF #0371): Venous Thromboembolism Prophylaxis →

13   13   2   9   Data from 1/1/2012 to 12/31/2012

- The % sign indicating that this is a % measure, and the IPP (Initial Patient Population), Denominator, Numerator, and Exclusions totals
- Blue backward/forward arrows to view the next or return to the previous CQM measure without returning to the dashboard view
- CQM description of the CQM you're currently viewing
- Date range of report data

The next section of the view contains these items:

Notes: All accounts shown are in the IPP. Not all accounts shown are in the Denominator. Everything in the Denominator falls into exactly 1 of 4 groups: passing, failing, exclusions, or exceptions. Exclusions now count into the denominator in stage 2 (they didn't in stage 1).

☑ Show Patient Names ☐ IPP Only ☑ Denominator ☑ Passed ☑ Failed ☑ Exclusions ☑ Exceptions

Account	MRN	Name	Denominator	Passed	Exclusion	Exception	Discharge Time	Comment
26ec3518746b9bbaf0000211	526ec3518746b9bbaf000021	Isaac Mckenzie	☑	☐	☐	☐	3/5/2012 5:00 PM	No Prophylaxis treatment Found.
26ec3518746b9bbaf0000441	526ec3518746b9bbaf000044	Brenda Mcdaniel	☑	☐	☑	☐	3/3/2012 11:00 AM	ICU LOS > 24 hours.
26ec3528746b9bbaf00005b1	526ec3528746b9bbaf00005b	Bonnie Gardner	☑	☐	☑	☐	4/30/2012 5:00 PM	LOS < 2 Days.
26ec3528746b9bbaf0000691	526ec3528746b9bbaf000069	Joe Henderson	☑	☐	☑	☐	4/2/2012 12:30 PM	Stroke Prin Diagnosis.
26ec3528746b9bbaf00009a1	526ec3528746b9bbaf00009a	Mae Stokes	☑	☑	☐	☐	3/2/2012 1:00 PM	Drug Prophy Found.
26ec3528746b9bbaf0000a41	526ec3528746b9bbaf0000a4	Alice Castro	☑	☐	☑	☐	4/30/2012 5:00 PM	LOS < 2 Days.
26ec3528746b9bbaf0000ae1	526ec3528746b9bbaf0000ae	Stephen Waters	☑	☐	☐	☐	3/4/2012 5:00 PM	No Prophylaxis treatment Found.
26ec3528746b9bbaf0000c81	526ec3528746b9bbaf0000c8	James Maldonado	☑	☐	☑	☐	4/2/2012 10:55 AM	Stroke Prin Diagnosis.
26ec3528746b9bbaf0000ce1	526ec3528746b9bbaf0000ce	Howard Lawrence	☑	☐	☑	☐	4/6/2012 9:00 AM	Stroke Prin Diagnosis.
26ec3528746b9bbaf0000d61	526ec3528746b9bbaf0000d6	Amber Mcdonald	☑	☐	☑	☐	4/30/2012 4:30 PM	LOS < 2 Days.

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Export Results

IPP: 13
Denominator: 13
Passed: 2
Failed: 2
Excluded: 9

EH CQM Stage 2 Helpful Links: FY 2014 Measures   QualityNet   2014 CQM Resource Table   CMS CQM Website   CDC Race and Ethnicity Code Set   Payer Code Set   Last Backup: 12/10/2013 (83 days ago)   Version 3.0 QD Build 20140206 Service Build 20130521   IATRIC systems

- Show Patients Names checkbox ☑ Show Patient Names : Provides the ability to turn names off for the report. To remove the patients name from viewing uncheck the Show patient names check box. In the sample, the box is checked, so the patient names are shown.
- IPP Only check box: Checking the IPP Only (Initial Patient Population Size) box causes the system to display only your patients that fall into the IPP, as opposed to the all patients who meet the criteria for the Denominator.
- Denominator checkbox: Shows all patients included in the denominator

- Passed checkbox: Shows all patients included in the numerator (who met the criteria for the measure)
- Failed checkbox: Shows all patients not included in the numerator (who did not meet the criteria for the measure)
- Exclusions checkbox: Shows all patients who meets the exclusion requirements
- Exceptions checkbox: Shows all patients who meet exception requirements (varies for each measure)
- In CQM2, the logic is:
  1. All patients
  2. A subset of those patients goes into the IPP (Initial Patient Population) for the measure.
  3. A subset of those patients goes into the denominator for the measure
  4. Everyone in the denominator goes into 1 of 4 categories: Passed, Failed, Exclusion, or Exception. Thus, the total of the four categories is equal to the denominator for the measure.

The drill-down CQM data columns on the sample include (columns for other CQMs will vary):

- **Account:** Patient account number
- **MRN:** Medical Record Number
- **Name:** Name of patient (This column appears only if the Show Patient Names checkbox is checked. If this box is not checked, this column does not appear.)
- **Denominator:** If checked, indicates patient was included in the denominator total.
- **Passed:** If checked, indicates this patient meets the criteria for the measure and is included in the numerator.
- **Exclusion:** As required for each CQM measure and outlined in the regulations.
- **Exception:** As required for each CQM measure and outlined in the regulations.
- **Discharge Time:** All CQM's are based upon discharge date and time for calculation.
- **Comment:** The extract will present comments about why the patient/account was included or excluded from the measure.
- **Export Results button:** Click to export the detailed report for each CQM based on the start and stop date selected.

- **Recap:** This function shows a recap of the CQM for the selected date range. It matches the recap at the top of the screen.

IPP: 13
Denominator: 13
Passed: 2
Failed: 2
Excluded: 9

Drill-down to the patient level view

To view details for a specific patient on the drill-down CQM view**,** click on the account number for the patient for whom you would like to view details. The Demographic Information view will expand and show patient-specific information as seen below.

Another feature of the patient-level view is the ability to see if that patient was included in any other CQMs your site is tracking**.** Select the View All Measures for Account icon below the patient demographic information, and the view will

expand to show if that patient was included in any other CQMs your site is tracking.

Sample partial view of the patient drill-down included in any other CQM measures:

In this example, if your site is participating in the CQM, the Denominator, Passed and Comment columns will display, as shown in the above example for VTE-1 and VTE-2. If there is no value for a CQM, the text N/A will display.

Drill-down view for a CQM timed measure

In 2014, some CQMs on the display are based on time, not %. The following provides details about that view.

Sample view of the drill-down for a timed CQM measure

The display items for this example of a timed report are:

- **Account:** Patient Account number
- **MRN:** Medical Record Number
- **Name:** Name of patient (if Show Patient Names box is checked)
- **ED Arrival:** Time patient arrived in the ED
- **ED Departure:** Time patient left the ED
- **Elapsed Minutes:** Total minutes patient was in the ED prior to being admitted
- **Denominator:** Indicates whether patient was included in the count
- **Discharge Time:** Final discharge time for the patient from inpatient
- **Export Results:** Click this button to export the results

Just as with % CQMs, to view details for a specific patient on the drill-down CQM view, click on the account number for the patient for whom you would like to view details, and the Demographic Information view will expand and show patient-specific information as seen below.

Again, as with % CQMs, another feature of the patient-level view for timed CQMs is the ability to see if that patient was included in any other CQMs your site is tracking. Select the View All Measures for Account icon below the patient demographic information, and the view will expand to show if that patient was included in any other CQM's your site is tracking.

If your site is participating in the CQM, the Denominator, Passed, and Comment columns will display. If there is no value for a CQM, the text N/A will display.

Additional data capture fields for 2014 CQMs

In 2014, additional data elements must be reported on the patient level for all CQMs. This detail includes:

- CDC Race code
- Ethnicity code
- Sex
- Payer Code Set

At the bottom on the CQM Dashboard view are short cuts to CDS Race and Ethnicity Code and Payer code set information.

4. RECOMMENDATIONS AND AUDITING

4.1 MUM/Dashboard Recommendations for Attachments

Here are some items that your team might want to upload to each specific objective where it may apply. Remember, with Meaningful Use Manager, you are building a story of how your facility captures and reports on the objectives, so the more data you retain, the better.

- Screen shot where the field is being captured. Example: if "advanced directive" is captured in ADMINISTRATOR and NUR, upload a screen shot of both locations. Remember that what your screen shot looks like on the day you attest may look very different 5 years down the road if a CMS auditor comes to audit.
- Policy and procedures about the specific objective
- Proof of certification for the EHR system where the specific objective data is captured/reported-from the CHPL
- Any documents you provide to patients about that objective
- Training plan and/or tools used to educate your staff about that specific objective
- The contract with Healthland provided in your Meaningful Use package from Healthland
- The Healthland invoice and/or cancelled check to prove you are using a certified version of the Healthland software
- Any articles from any source that your team used to educate or to consider how to track, that explain your understanding of the intent of the objective
- Best practice documents to show the fields included in the recommendation
- Screen shot on the day attesting

4.2 Conducting Audits

4.2.1 Audit Notification

In 2012 and 2013, CMS hired Figliozzi and company to conduct the MU audits. The first indication that your site is being audited comes from an email from Peter J. Figliozzi, CPA, CFF, FCPA. The email contact information used when you attest is who the email notice will be sent to, and it may end

up in that person's Spam folder, so be sure your email system will accept the notice. In 2013, sites had 3 weeks to respond with the requested information. The bottom line for audits is to be sure you can defend your reported number.

4.2.2 Subject to Audit from CMS

Any provider attesting to receive an EHR incentive payment for either the Medicare EHR Incentive Program or the Medicaid EHR Incentive Program potentially may be subject to an audit. Following is information on what you need to know to make sure you're prepared.

Overview of the CMS EHR Incentive Programs Audits:

a. All providers attesting to receive an EHR incentive payment for either Medicare or Medicaid EHR Incentive Programs should retain ALL relevant supporting documentation (in either paper or electronic format) used in the completion of the Attestation Module responses). ***Documentation to support the attestation should be retained for six years post-attestation. Documentation to support payment calculations (such as cost report data) should continue to follow the current documentation retention processes.***
b. CMS, and its contractors, will perform audits on Medicare and dually eligible (Medicare and Medicaid) providers.
c. States, and their contractors, will perform audits on Medicaid providers.
d. CMS and states will also manage appeals processes.

4.2.3 Preparing for an Audit

a. To ensure you are prepared for a potential audit, ***save the supporting electronic or paper documentation that supports your attestation. Also, save the documentation to support your Clinical Quality Measures (CQMs). Hospitals should also maintain documentation to support their payment calculations.***
b. Upon audit, the documentation will be used to validate that the provider accurately attested and submitted CQMs, as well as to verify that the incentive payment was accurate.

RESOURCES

The following resources are available from Healthland to assist you with your Meaningful Use program:

Learning Depot

Meaningful Use Quick Link:

This page contains Meaningful Use resources for Healthland Centriq clients and includes 2011 and 2014 Eligible Hospital and Eligible Professional information including:

- Guides, links, and other MU resources for Eligible Professionals and Eligible Hospitals
- Meaningful Use News
- MU User Forum

Meaningful Use eLearning courses